

## **Systemic Family Therapy With Families With A Child Who Has A Diagnosis Of Asperger Syndrome**

**Gail Simon**

*Systemic Therapist, CAMHS, Bradford District Trust, UK*

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### **ABSTRACT**

This article describes systemic work with families who have a child diagnosed as having Asperger Syndrome. The approach assumes that people diagnosed as having Asperger Syndrome and their families can be communicated with and understood as living in meaning generating systems. Instead of following common lines of systemic enquiry, the therapist-client system immerses itself in the area of special interest of the young person who is diagnosed as having Asperger Syndrome. Case examples towards the end of the paper illustrate how the area of special interest is treated as a meaningful system and can be used metaphorically with the family. The supporting theory uses ideas from second order cybernetics to hypothesise 'system' in the area of special interest but uses a social constructionist approach to explore the stories generated by the linguistic, meaning making systems in the family, in the child's area of special interest and in the therapy.

### **Introduction**

Theories and practices about Asperger Syndrome are currently dominated by cognitive, biological and behavioural theories, practices and methodologies. There are strong suggestions that Asperger Syndrome, alongside other Autism Spectrum Disorders, will be found to be organic in origin but there has been no evidence as yet which conclusively supports this thesis (Gillberg 1989, 1991, 2000; Happe 1994; Maurice 2000). Whatever the origin or nature of Asperger Syndrome, there are limits in the benefits to families of approaches to problem solving which conceptualise the child as the primary focus for diagnosis and treatment.

Asperger Syndrome is commonly located on the autistic spectrum and is understood within mainstream psychology and psychiatry as a form of pathology occurring in an individual or as a syndrome which belongs to the individual. Other individual family members are sometimes thought to exhibit traits of the syndrome (Gillberg 1991; Baron-Cohen et al 1997). Key features describing this syndrome include difficulties communicating, connecting and co-ordinating with others. Difficulties in these areas between a child diagnosed as having Asperger Syndrome and their teachers, peers, parents or siblings are often a major worry for families. This systemic approach aims to generate additional strategies for and alternative meanings about communication, connection and co-ordination between family members.

As a social constructionist and systemic practitioner employed by the NHS in a Child and Adolescent Mental Health Service, I am interested in the power of description and the power of professionals to define problem, person and treatment method. It is not unusual to find myself working at bridging the gap between the mainly modernist paradigm of medicine which dominates the professional stories of nursing, clinical psychology and psychiatry and the postmodernist paradigm of social constructionism (Gergen 2001, Pearce 1992) which allows for an alternative critique of professional narratives and practices. Throughout this article I refer

to a child diagnosed as having *Asperger Syndrome* or similar wording as if locating *Asperger Syndrome* throughout in parentheses which might allow for a less reverent (Cecchin, Lane & Ray, 1992), more inquisitive consideration of the subject.

Children diagnosed as having *Asperger Syndrome* very often have an area of special interest which can dominate their attention and conversation. (Frith 1991)

*“Their special interest is often their sole topic of conversation. Asperger individuals seem to love talking about their interest, regardless of whether one has heard it all before.” (Frith 1991 p11).*

When forming a diagnosis of *Asperger Syndrome* the presence of an area of special interest can act as support for the diagnosis but is regarded as a redundant and restricting social behaviour involving “more rote than meaning” (Gillberg 1991). However, the areas of special interest often seem to centre around a subject which can be seen as having its own interactive and co-ordinating system. From a systemic therapy perspective such a dynamic system can be treated as a resource to therapeutic conversation and to the family. The therapist and family can communicate at times with each other through the metaphor of the area of special interest so creating a shared and meaningful language for the family.

In short, this form of therapy provides opportunities for symptoms and features of the syndrome to be understood as meaningful communications and for the “disabled” child to be experienced as able and enabling. The individualised account of the child having been diagnosed as having *Asperger Syndrome* is exchanged for descriptions of an interactive social system.

### **Systemic steps into *Asperger Syndrome***

A colleague working in the field of learning difficulties was talking to me about a family with a boy diagnosed as having *Asperger Syndrome*. The boy wouldn't do as he was told and was becoming increasingly withdrawn. His parents were very keen for help but interventions by the worker were all fruitless. This skilled CAMHS practitioner had tried many approaches and was not sure how to go on in the work. When she mentioned that the boy was particularly interested in computers and that the father had arranged for the several computers in the house to be networked (connected to each other), the metaphor of a circuit board came to my mind – a hardwiring of clearly identifiable communication channels along which only certain types of information could travel. I wondered what type of “information” the therapist was offering the family, what type of “information” the family found accessible and whether it was possible to introduce information from outside into a “structure determined system” (Maturana 1991). The idea of a second order cybernetic system provided some additional stories for thinking about the co-ordination both within the family and between the therapist and the family.

With another family we gave up using more familiar lines of systemic enquiry as some family members were not finding the conversation one with which they could connect. Instead, we threw ourselves into trying to understand how things worked in the child's area of special interest which in this case was trains. Who was in charge of the train? How did the driver know when to

do what? How did the fireman know that the driver was in charge? How did they work together to get the train to speed up or slow down? What would happen if the driver failed to notice a signal? Who changed the signals? Who made the rules for the railway? Trains, train personnel and rail authorities were understood as operating within an interactive feedback system.

Only after a thorough exploration of this particularly rule bound yet well co-ordinated system could the therapy team and family move on to have meaningful conversation about social co-ordination between the boy and his peers and between family members.

These areas of special interest often seem to be connected to a subject in which one can explore descriptions of a rule-bound system at work - trains, computers, football, maths and electricity for example. Theories of open and closed systems from second order cybernetics appeared to be useful in formulating some additional hypotheses about the area of special interest of the child diagnosed as having Asperger Syndrome, about communication patterns in the family and about the therapeutic system.

### **Some background on Asperger Syndrome**

In 1944, Hans Asperger, working in Austria, identified a group of children who displayed a particular set of characteristics which he called *autistic psychopathy* (Asperger 1944). At around this time in the United States, Leo Kanner was studying a similar but more disabled group of children whom Kanner described as having early *infantile autism* (Kanner 1943). Both groups displayed poor social interaction, a failure of communication and the development of special interests. Kanner and Asperger, quite independently of each other, identified autism as a major developmental disorder. Kanner created a profile of what is now considered a description of autism which has dominated the field of children's mental health for many years. However it was only as recently as 1981 that Asperger's work was given prominence. Lorna Wing (Wing 1981) drew attention to his paper on *Autistic Psychopathy / Autistic Personality Disorder* (Asperger 1944) and she made some distinctions between autism and Asperger Syndrome. There continues to be debate on whether Asperger Syndrome is the same as High Functioning Autism.

Wing described the main clinical features of Asperger Syndrome as:

- lack of empathy
- naive, inappropriate, one-sided interaction
- little or no ability to form friendships
- pedantic, repetitive speech
- poor non-verbal communication
- intense absorption in certain subjects
- clumsy and ill co-ordinated movements and odd postures.

(Wing 1981)

For a more extensive set of diagnostic criteria which elaborate on those in DSM-IV see Christopher Gillberg (Gillberg 1991).

### **Treatment Methods and Interventions**

Family therapy with families who have a child or children with autistic spectrum disorders has not been researched or written about to any significant extent. This might be because children diagnosed as having Asperger Syndrome along with other autistic spectrum disorders are primarily seen by professionals whose dominant explanation for the condition would be influenced by stories of cognitive failure or organic causality (Gillberg 1991; Baron-Cohen et al 1997). Unusual social behaviours are not understood as meaningful products of social contexts but as by-products of an embodied disorder.

In addition to the influence of biology on what might count as appropriate treatment, it seems that earlier attempts at family therapy and psychoanalytic therapy suggested that autistic disorders were the result of dysfunctional families and poor parent-child relationships (Estrada and Pinsof 1995). One can speculate that parents might not have found therapeutic approaches attractive where there has been a suggestion of parental blame and responsibility. Where the influence of family has been recognised, it usually has related to environmental factors and not to family therapy methodology. A review of 'family based approaches' focused solely on Parent Management Trainings (Estrada and Pinsof 1995) and Mash incorporated systems thinking into a behavioural approach (Mash 1989).

It is generally agreed (Wing 1996, Randall and Parker 1995) that families should be offered behaviour management advice alongside or before any other forms of treatment. Tony Attwood reports that parents want treatments which empower them to manage their own children and which emphasise the principle of collaboration between professionals and parents (Attwood 1998). Whatever, the preferred approach of a particular practitioner or institution, Wing emphasises that it is important to look for a variety of reasons for difficult behaviour and so use a variety of treatment approaches (Wing 1996). The communication difficulties of the child diagnosed as having Asperger Syndrome may require additional creative approaches which extend beyond the cognitive, educational or behavioural domains.

Psychoanalytical psychotherapy has been used with children with autistic spectrum disorders and this has led to the generation of other stories about childhood experience (Tustin 1972; Alvarez 1992, Rhode & Klauber 2004). The behaviours of the individual child have been attributed as having meaning beyond that of diagnostic evidence. This form of therapy has been ground breaking in that it has challenged the dominant stories of i) biological determinism and ii) random mental disorder of the individual.

### **Asperger Syndrome - A Systemic Treatment**

The approaches of systemic family therapy and psychoanalytic therapy are unusual then in that they treat the child diagnosed as having Asperger Syndrome and their family as interactional, meaning generating beings. Family members are not understood solely within biological, social learning, behavioural or cognitive frameworks. There is an interest in extending what counts as "language" so that many more behaviours can be treated as communications and can have social meaning attributed to them.

Within a social constructionist framework, the child's special area of interest could be thought of as a narrative or collection of connecting narratives, as a way of languaging and therefore, as a potential resource to the therapeutic process, to the family and other social relationships. It also creates a medium within which the child can elaborate and extend meanings.

### **Leaps and Links**

Children diagnosed as having Asperger Syndrome are often described as, amongst other things, rigid in their thinking, resistant to change, enjoying predictability, being focused on a particular area of interest in which they will develop a depth of knowledge. Not surprisingly then there often seems to be a notion of a fixed and predictable system built into their area of special interest – a rule bound system, one might say. The child may sound at their most animated when talking about their area of special interest. However, while they may be able to provide technical information about their area of special interest, they may find it harder to reflect on their relationship with it. The first order question “How does that work?”, for example, would be easier or more interesting for the child to answer than “Why do you like that?” which many children diagnosed as having Asperger Syndrome might find more difficult to answer. The former question invites an engagement with knowledge of the system under discussion; the latter, a request to reflect on one's own position in relation to the subject/system.

One of the aims of the systemic therapy as described in this paper has been to experiment with some bridging between these two types of positions so the child and other family members can be invited to make links between the system in the area of special interest and that of their own and their family's behaviours. One might describe this process as moving towards a second order position (Hoffman 1985) – a way of linking the narrative of a cybernetic system (the area of special interest) with that of a narrative creating system (the family, the therapeutic system).

### **Theorising Mind:**

#### **Knowledge and Knowing, Language and Languaging**

A significant diagnostic tool for Asperger Syndrome involves the Theory Of Mind test (Baron-Cohen et al 1985, Happe 1994) which aims to assess the ability in young children to “mentalise”. A key question is whether a person can conceptualise beliefs and attribute them to another correctly (Happe 1994). In a cognitive framework ‘thought’ is understood as existing in isolation from human relationships. Leppington says that the constructivist concept of ‘thought’ is not proof of the individual mind but of the social world. The question is then not “how does the individual rational consciousness account for the social world?” so much as “how, in a social world, to account for culturally specific notions of the individual?” (Leppington 1991 p 86).

Nevertheless, Asperger Syndrome exists as a description of a ‘state of mind’ (Happe 1994) and of behaviours associated with that state of mind. Gergen and Gergen reflect that social constructionists “differ from the constructivists in that what is imported into the situation is not a ‘state of mind’ but an array of linguistic capacities. These capacities emerge primarily as we acquire the language of the culture.” (Gergen and Gergen 1992: p80)

In this form of therapy the therapists move away from an exploration of ‘mind’ as existing within the individual child who has been diagnosed as having Asperger Syndrome. Instead, through the use of systemic family therapy, they are initiated into the language of the family culture while exploring the area of special interest of the child diagnosed as having Asperger Syndrome.

In this therapeutic process, therapists are collaborating with family members to generate meanings with them and are not positioning themselves as able to help correct ‘thought’ patterns or to make an objective diagnosis of a ‘state of mind’. This might be an unusual experience for many families who may be used to providing information to professionals whose methods include extracting the ‘relevant’ information and then offering a diagnosis, further tests or management advice. Leppington suggests that systemic therapy might describe itself less in terms of a series of ‘tools’ which she sees as a constructivist proposition (implying a fixer and those in need of being fixed) but in more social constructionist terms of ‘discursive practices’ to allow for a description of ‘realities’ arising out of conversations between people (Leppington 1991).

This approach also encourages the repositioning of the identified patient as someone with expertise and abilities to bring to therapeutic conversation in contrast to how the knowledge of the patient can become de-centred and peripheral (Foucault 1980). Lather’s concept of “catalytic validity” proposes turning a symptom of disorder into a resource for both an identified patient and their family (Lather 1991). Professional expertise is used instead to revalidate and find ways of incorporating the contribution of the child diagnosed as having Asperger Syndrome into the family. This form of therapy becomes involved in part with the bringing forth or showcasing of the ability of the diagnosed child to explain, develop accounts, describe relations and complex interactions.

Systemic therapy, in making the journey through postmodernism, has become very interested in speculating on what counts as ‘knowledge’ and on the practices of ‘knowing’. The shift has been away from ontological and epistemological explanations to a second order cybernetic epistemology involving reflexive epistemological knowing as a process rather than end product. The child diagnosed as having Asperger Syndrome sets great value on knowing about their area of special interest. In working with children diagnosed as having Asperger Syndrome, it might be interesting to ask “Does the child have the ability to move between what they know and how they know what they know?” The systemic / social constructionist therapist also questions their own relationship with what they (think they) know and how they (think they) know what they know.

Maturana suggests that every family member is a ‘scientist’ – in as much as people generate explanations for behaviour (Maturana 1991). He speaks of the passion in human beings to attempt to understand, relate parts of a system, but points out that we can only generate explanations (descriptions) of workings *within the limits of our area of structural determinism* (Maturana 1991). One could then say that all the participants in the therapy (the therapists, the child diagnosed as having Asperger Syndrome and family members) are living systems and part of other living systems which Maturana sees as structure-determined systems. According to Maturana, the only possible outcome of human interaction is that family members are more likely to generate explanations and meanings coherent with the limits of their life experience

as explained to themselves (Maturana 1991). There are tensions then between a second order cybernetics position and social constructionism. It would follow, for example, that these participants are then unable to develop an account of anything outside of their developing an account of it and therefore not outside of their own experience. Social constructionists, as opposed to constructivists, might say instead that we act in to and out of the limits of the language and stories available to us and *opportunities to tell them*. (Shotter 1989). From a social constructionist perspective of human systems as linguistic systems not constrained by *experience* so much as by *conversational opportunities*, the theory of structure determined systems might preclude the idea that new stories could emerge in the course of conversation and also suggest a limit to the level of agency attributable to family members.

This form of therapy then draws not only on the second order cybernetic narrative of human beings as living (in) structure determined systems but also on the social constructionist notion of human systems as evolving and productive linguistic systems.

The diagram in Fig. 1. offers a visual account of the theoretical description of the therapy. The levels of context are not necessarily hierarchical and are reflexively linked. (1).

### **Working Practices**

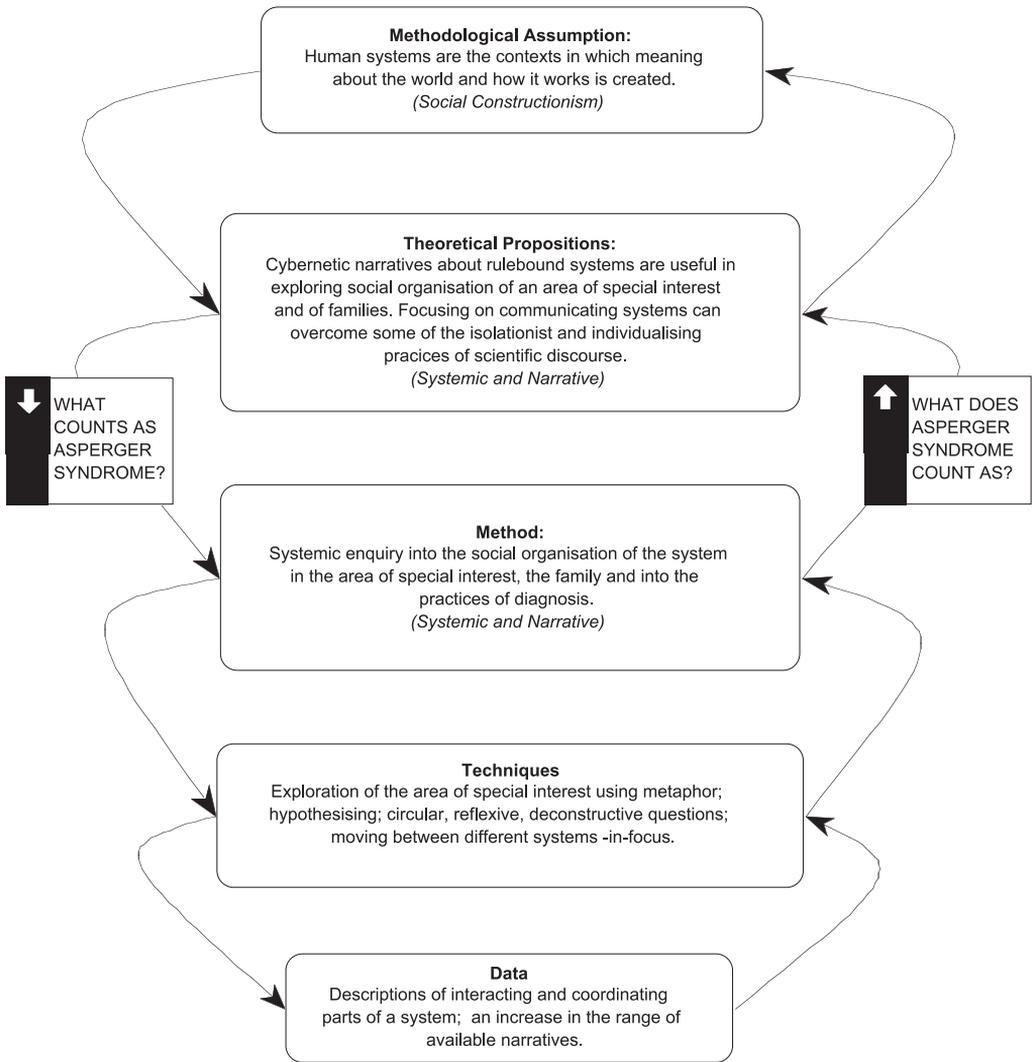
The families who are offered this form of family therapy have already received management and behavioural advice as part of the service through the Child and Adolescent Mental Health Service and would have a case worker for any other issues arising which fell outside the remit of family therapy.

Families are initially offered six therapy sessions and one follow up appointment. All significant family members (as defined by the parents) are invited to the first session. It has been useful to include significant carers and the siblings throughout where this is not disruptive. Therapists and family members regularly review the make up of participating family members in subsequent appointments. Appointments would be fortnightly where possible so as not to be too far apart for children who often, along with adults, can lose a sense of continuity in the work.

The six sessions follow a programme of enquiry the content of which is regularly reviewed in order to further develop hypotheses. The work then both retains and changes focus and feels relevant to those in the sessions. There is an attempt by the therapists to create a culture of transparency, enquiry and feedback so family members and therapists may feel able to exchange reflections on their experiences of the therapy. Children who have a diagnosis of Asperger Syndrome may regard honesty, fairness and contextualising explanations as particularly important and therefore central to good working relationships.

Between sessions the therapy team examines episodes from the conversations including micro levels of interaction. We focus on comprehension, engagement, ability to participate, play, body language, co-ordination between people so that therapists and family members can generate other descriptions of interactions. We have found that it is most fruitful not to rush into making links between the area of special interest of the child who has a diagnosis of Asperger Syndrome and the family system. The first session involves setting the context for the therapy sessions, going over the programme of the therapy and creating a working relationship with the family.

Fig. 1 - Creating a reflexive theoretical description of the therapy



We have also found that making a diagram with the family of their extended social network and family helps us to find out about the family members, their experiences, the stories attached to them and hypothesise further about roles and communication patterns. With one family, for example, it was interesting to hypothesise that family members could be divided by their jobs into technicians and carers. With another, we were struck by the lack of support available to the family and their social isolation.

In the second session we talk about communication patterns in the family and identify things which family members are worried about and would like to change in the family. In session three

we devote the entire session to learning about the area of special interest and use the expertise of the child with the special interest alongside the ignorance and curiosity of the therapists and parents. We pay particular attention to rule bound or rule creating systems, patterns of change, power relations, roles of individuals, alliances, communication patterns, decision making. It is important at this stage not to seek to make any other intervention or linking with the broader social systems. It can have the effect of disengaging the child with the special interest and of foreshortening the experience of learning from the child. One has to remember that parents and other family members often feel bored rigid by the unrelenting place of the area of special interest in their lives. It is interesting to note how hard it sometimes is to find questions to ask about a subject one feels uninterested in and perhaps the child is not used to others showing such interest. Here family members can approach the subject with a fresh curiosity. On leaving a session one father, sounding awe-struck, said “I didn’t realise he had such an in depth knowledge of this.”

In session four one can start to make links between the system in the area of special interest and that of the family relationships. This often continues into session five.

Session Six is a drawing together of the issues raised in the conversations. It is often a time when other aspects of family dynamics or concerns are raised.

After the initial six sessions, each family is offered a follow up appointment. Parents have sometimes suggested coming back without the children so allowing for a more extensive and adult conversation about issues the sessions have been raising. Together we look at video excerpts from some of the sessions. Providing “live” material for parents and therapists to reflect on together seemed to make it easier for all present to discuss the work and to generate questions. It makes for a fairly relaxed and collaborative atmosphere and creates opportunities for reflecting on the therapeutic conversations and the themes coming out of the work. One parent and grandparent said that the follow up appointment “pulled it together” for them. Despite trying to outline the plan of the therapy in advance, participants become immersed in the content in a way that means storying the process takes a back seat and is usefully revisited as a way of drawing the work to a close.

### **Learning with Clients**

At the age of ten, Michael’s (2) area of special interest was Pokémon (3). Michael appeared at his most engaged and confident in the conversation when discussing Pokémon characters – even when linking them to family members. His parents were fascinated.

#### *Session 4 - Episode 1*

Therapist B – *The name SlowBro suggests he’s slow. Is he slow?*

Michael – *SlowBro’s slow. And he always sleeps, well, he doesn’t always sleep but he sleeps quite a lot.*

Therapist B – *Why do you want to be like him?*

Michael – *Well he’s really slow (giggles). One of his attacks is Agility. Another one of his*

*attacks is Afternoon Nap. (4)*

Therapist B - *How does that work?*

Michael - *He doesn't have to battle anymore. He just falls asleep.*

We are in the realms of the imaginary and the reflexive - both of which are abilities, positions perhaps, not attributed to persons diagnosed as having Asperger Syndrome. The slowness of SlowBro is interesting when one thinks of the father's frustration at Michael proceeding at a bare crawl through everyday tasks such as dressing in the mornings, eating meals etc. The attack of Afternoon Nap sounded very much like a strategy Michael used at times to blank out requests and expectations of him from either parent. In a later session, an alternative punctuation of Michael's slowness came about with an idea that Michael at times tried to counteract his parents' inclination to be constantly on the go. The family seemed to find this idea amusing and quite meaningful. Perhaps we could have enquired whether the parents needed to practise the attack of Afternoon Nap. Michael had identified his mother as the Pokémon character 'Horsea' and himself as 'SlowBro' (as described above). In this next example, the therapists are starting to test out whether Michael can make the link between the fantasy world of Pokémon relations and the world of his family.

*Session 5 - Episode 1*

Therapist A - *So how would Horsea get SlowBro to do what Horsea wanted?*

Michael - *You'd stick it to the spot with a sticky goo.*

Therapist A - *And how do you get your mum to do what you want to do?*

Michael - *I don't know.*

Therapist A - *When you're being like SlowBro.*

Michael - *Well, I don't actually. I just take it when she's not there.*

Therapist A - *And who would win out of SlowBro and Horsea if they both wanted to do...*

Michael - *SlowBro*

Therapist B - *And why would SlowBro win?*

Michael - *SlowBro is an evolved Pokémon and Horsea isn't.*

Therapist B - *Why would that mean that SlowBro...*

Michael - *Well, he's stronger, he's more evolved.*

Therapist A - *So if your mum wanted to be stronger and she was currently Horsea, what would she need to evolve into next if she wanted to be more of a challenge to SlowBro?*

Michael - *You can only evolve into one thing.*

Therapist A - *And what would that be?*

Michael - *Seadra.*

Therapist B - *What's Seadra like?*

Michael - *Well, it's a sea horse. And, um, it's very mean – if something goes wrong it doesn't like being attacked or anything. It's really, really [couldn't hear] and I think it would beat SlowBro.*

Therapist A – *If your mum had a choice from evolving from Horsea to Seadra, or you becoming less powerful than SlowBro, which do you think she'd choose?*

Michael – *Urm... er, Seadra.*

Therapist A – *You think she'd like to become Seadra.*

Michael – *That's all you can do. You can only evolve into...*

Therapist B – *But do you think your mum would like to evolve into someone who is very, very mean or would she like for you to become less powerful?*

Michael – *Less powerful.*

The conversation demonstrates the child's ability to be both empathic and be self-reflexive. By asking Michael to hypothesise situations which require an elaboration of the rules of the metaphorical system of Pokémon, we are asking Michael to take a position and treat the system as something in which he is participating and in which has some choice.

Here the conversation makes a big shift from in the rule-bound descriptions of how things work in the world of Pokémon to the rule-creating (or choice led) world of human interaction. Michael demonstrates an ability to imagine what his mother might prefer although it takes a little effort to help him make the distinction between the world of Pokémon and his relationship with his mother. Within a cognitive framework, he is demonstrating the ability to conceptualise beliefs and attribute them appropriately to another. He also demonstrates the ability to pretend, for example, that Horsea and SlowBro were out for the day together and had some choices about how they spent their time. It is not only that he pretends but can enter into a reflexive position in conversation about his pretending. The area of special interest had become a shared means of talking about relationships which had not previously existed outside of a description of Michael's stubbornness or his diagnosis of Asperger Syndrome. (5)

Initially, it had been difficult for the therapists to know how to move beyond the fact gathering, naming exercises, rule explaining conversations which may appear "typical" of the conversations of children diagnosed as having Asperger Syndrome. However, looking at these episodes from the conversation, one could develop a different hypothesis: that *those who are uninitiated into the complex culture of an area of special interest invite a description of a world which is rule-bound, with a first order relationship with "knowing" and superficial interaction.* It is only when Therapist B makes the leap away from the description of the rules of the game and individual characteristics, that opportunities are created for descriptions of more complex relational processes to emerge. The area of special interest of a child with or without a diagnosis of Asperger Syndrome can be seen then less as the sole, inaccessible property of the individual and more as *a social opportunity which requires the willingness of others to become engaged in understanding and meaning making.* "I act not simply 'out of' my own plans and desires, unrestricted by the social circumstances of my performances, but in some sense also 'in to' the opportunities offered to me to act, or else my attempts to communicate will fail or be sanctioned in some way." (Shotter 1989 p144)

## Knowledge and Know-How

### *Session 3 - Episode 1*

Both maternal grandparents came with five year old James. James had brought a bag of his model dinosaurs. The intention, as explained to the grandparents, was to see if we could generate some stories with James about how the dinosaurs interact with each other. The grandparents may then have felt obliged to help in demonstrating something to the professionals and the opening line from the therapist probably reinforces this expectation.

Therapist points to a dinosaur.

Therapist - *What's this one called, do you know?*

James - *Can you put it in the bag.*

Grandmother - *What's it called?*

James - *(Urgently) Can you put it in the bag!*

Grandmother - *Okay you can put it in the bag. What is it?*

James - *(flatly) Stegosaurus.*

Grandfather - *Where's that bag come from?*

James - *I-don't-know... (looks distracted, flat sing song voice)*

Throughout the sessions there appeared to be an emphasis on 'knowing' or showing 'knowing'. The "I-don't-know" in sing song voice and glazed over eyes suggested James had disconnected from me and his grandparents in all but these token verbal responses. It was interesting how James stayed connected by the rejoinders and didn't just abandon all attempts at communicating altogether. This was not an infrequent response from James and may have been a way of saying when he does not want to comply with a request.

Perhaps it is also useful here to reflect on James's position as 'subject' who was being presented by his grandparents to the professionals. "*It is not so much how 'I' can use language in itself that matters, as the way in which I must take 'you' into account in my use of it.*" (Shotter 1989 p141)

I tried to join in James's play with no success. In the following excerpt from the same session I experimented with initiating a different kind of play. I wanted to see if we could create a context in which we could make a shift from knowing about something to relational know-how.

### *Session 3 - Episode 2*

James became quiet and attentive while Therapist A brought out stickle bricks and started to make some dinosaurs.

Therapist A - *I'm making two big dinosaurs.*

James - *What dinosaurs?*

Therapist A - *I don't know what they are called. They haven't got names.*

James - *(to grandparents) They haven't got names.*

While at times James repeated what had been said by another person, this did not appear to me as a decontextualised symptom of echolalia which is another possible diagnostic criteria for Asperger Syndrome so much as James trying to make sense of a new and puzzling concept.

James had wanted to be in control of who could have access to his dinosaurs. By introducing some “pretend” dinosaurs different to those James had, I was hoping to create some freedoms for both of us to behave differently. I casually floated my lack of interest in the actual names of the dinosaurs with the intention of suggesting a change in the rules of playing.

*Session 3 - Episode 3*

At this point in the session, the stickle brick dinosaurs had been given names by James and Therapist A. Therapist A suggested the Carnotaur which James was holding might want to play with the Gigantosaurus. James made no response. Therapist A gently took Carnotaur from James’s hand and put it with the Gigantosaurus for them to play together. The grandparents looked on.

James – (entranced) *Look! What are they doing? (to his grandparents)*

Grandmother - *Well what are they doing? Tell me.*

James – *I-don’t-know.* (sing song)

Grandfather - *Are they going for a walk or playing together?*

Therapist A in Gigantosaurus voice to Carnotaur - *Do you want to come and play?*

(Therapist A introduces another stickle brick dinosaur)

Therapist A (as Therapist A) - *Look they’ve got another one here.*

(James also brings another dinosaur)

James - *Look.*

James - *What’s happening now?*

James - *What’s that?*

Therapist A - *What’s that one doing? (about James’s new dinosaur.)*

James – *I don’t know.*

James – (to Grandmother) *What’s it called?*

Therapist A – *Never mind what it’s called. Do you want to give it a name?*

Here the therapist is extending rules of the game when saying “Never mind what it’s called” before the grandmother replied. This was an intervention in the family narratives about how best to co-ordinate with James. The grandparents and the therapists then had some conversation about what kind of play James was interested in and ready for. They had been very distressed at his diagnosis of Asperger Syndrome and his apparent loss of an ability to demonstrate knowledge over recent months. The story of James having ‘lost’ knowledge he had previously achieved may have been influenced by the diagnosis of individualised cognitive impairment. The cognitive view of the individual makes a distinction between the knower and what there is to be known. They did not expect to find James capable of imaginative and interactive play. While the therapist may have been acting on the system in some way, taking the Carnotaur from James’s hand had not felt like acting on him as had happened at other times. Here the therapist was trying to extend ways of acting with James.

*Session 3 - Episode 4*

Therapist A – *I wonder what a Gigantosaurus moves like? Okay. Here comes the Gigantosaurus. It's taking gigantic leaps. (Makes leaping noises)*

Therapist A – (as Gigantosaurus) *“Hello James! How are you today?”*

Therapist A – *Look the Gigantosaurus spoke.*

James fetches the T-Rex and makes it roar at the Gigantosaurus.

Gigantosaurus – *Oh, I'm frightened!*

T-Rex – *Roars.*

Gigantosaurus – *Eeek!*

James – *It's a T-Rex!*

Therapist A – *It makes a big roar. The Gigantosaurus says “it makes a big roar”.*

Gigantosaurus – *Are you friendly?*

Therapist A – *Maybe the Gigantosaurus wants to be friends with the T-Rex. Do you think he wants to be friends or not?*

James – *He wants to be friends.*

Therapist A – *Does the T-Rex want to be friends?*

James – *Yes, he is.*

Therapist A – *Maybe that's his way of saying hello - doing a big roar.*

There is imaginary and interactive play going on here with both parties initiating contact and responding to each other. This series of interactions is very much a linguistic system in ‘reality-creating’ action! We are talking about talking, we are reflecting on relationships. We both know that we are ourselves and yet pretending to be another creature. We have created a meaning making system and have moved away from the rule bound relationship with dinosaurs: the naming, checking where they are and so on.

*Session 3 - Episode 5*

James gives Therapist A a stickle brick dinosaur.

James – *You have that one to see that one. You have that one to see that one. You have that one to see that one.*

Therapist A as the new dinosaur – *Who are you?*

James as Spinosaurus – *I don't know. I'm just a Spinosaurus.*

Dinosaur – *Oh you're quite nice even though you don't have a particular name. I don't mind if you don't have a name.*

This is a different “I-don't-know”. It is part of a real attempt to communicate and not merely stay connected or find a way of not complying. It was a moving moment when James, while in role as a dinosaur, volunteered that he didn't know his name saying “I'm just a Spinosaurus.”

The shift here is from naming objects out there as a meaningful activity in itself to doing things

together despite what the objects or participants are called.

When James engaged in play with me as a dinosaur, there was a shift away from I-identity and the social construction of the individual to We-identity (Burnham 2001). Playing didn't only enable James to extend his range of communication, it enabled me to extend mine and created an "us". I moved between different person-positions and so did James. Asking James questions constructed an 'I-you'. When asking these questions, I was creating more obligation than when I entered the imaginary world of dinosaur play with James making for a more collaborative (creative) culture.

*When one person acts 'into' a jointly constructed setting rather than 'out of' his or her own plans or desires, an outcome is produced which is independent of any of the individuals involved and 'belongs' only to the collectivity they constitute. (Shotter 1989 p147)*

### **Feedback from Families**

The feedback from parents who have pursued this particular systemic approach has been positive. Their advice to other families with children diagnosed as having Asperger Syndrome who might be considering family therapy is "Do it!".

Family members have often gone on to use the area of special interest as a means of communicating and as a way of understanding the young person concerned. James' mother and grandmother had since been trying to engage James in symbolic play and found he had been playing more imaginatively. The mother of Michael said that everyone had noticed improvements in him. He was more thoughtful and amenable.

Many parents have requested time to talk about communication issues in their own relationship, about different parenting styles and the confusing effects of the diagnosis of Asperger Syndrome on their own stories of "good" parenting. Questions regularly arise about how much they should feel beholden to the diagnosis of Asperger Syndrome and to its accompanying narrative of inevitable and lifelong difficulty. These ideas can often have the effect of undermining attempts to help their child through childhood and into adulthood.

### **Summary**

The presence of a diagnosis of Asperger Syndrome can result in other stories about growing children being sidelined as irrelevant or a distraction from the 'correct' (diagnostic) way of understanding a child with a diagnosis of Asperger Syndrome. By relocating difficulties from the embodied story of the diagnosed individual to the social context of relationships, systemic therapy can help to restore agentive aspects of parenthood such as in the parents' choice of description or management of their child.

Re-contextualising social behaviours can create opportunities for alternative explanations to emerge. Ways of connecting between people becomes the primary focus with ideas about: the use of grammar in understanding person positions and social co-ordination; the role of knowledge and know-how in connecting with each other. A shift from a reverent demonstration of knowledge about the area of special interest to a shared world of imaginary play could result in a more ironic

relationship with the area of special interest and more know-how in relationships. Ideas about how to help children further with their social development can come out of the work.

The field of autism is strongly influenced by people who are very keen to make a real difference to families and their children. Hopefully, systemic family therapy will find its way back in to the range of therapies on offer to families with a child diagnosed as having Asperger Syndrome – whether because of its commitment to investigating language and meaning, whether to provide less pathologising ways of working with families or to extend the system-in-focus to the communicating systems in which the child is living.

*“if our ways of talking are constrained in any way - if, for instance, only certain ways of talking are considered legitimate and not others - then our understanding, and apparently our experience of ourselves, will be constrained also.” (Shotter 1989 p141)*

*Please address correspondence about this article to:* Gail Simon, Systemic Psychotherapist, Hillbrook, Bradford CAMHS, Mayfield Road, Keighley, BD20 6LD  
Email [gail.simon@clara.co.uk](mailto:gail.simon@clara.co.uk).

### **Acknowledgements**

Special recognition to the families who engage so creatively with the conversations and to Ailsa Smith, Gwyn Whitfield, Penny Netherwood, Rochelle Day, David Sims, Caroline Dalal, Gill Goodwillie.

### **References**

- Alvarez, A. (1992) *Live Company*. Tavistock / Routledge.
- Asperger, H. (1944) Autistic psychopathology in childhood. in U. Frith (Ed) *Autism and Asperger Syndrome* (pp 37-92) Cambridge University Press.
- Attwood, T. (1998) *Asperger's Syndrome*. Jessica Kingsley.
- Baron-Cohen, S., Leslie, A.M. & Frith, U. (1985) Does the autistic child have a “theory of mind”? *Cognition*. 21 37-46.
- Baron-Cohen, S., Wheelwright, S., Stott, C., Bolton, P., Goodyer, I. (1997) Is there a link between engineering and autism? *Autism*. 1(1) 101-109
- Burnham, J. (1992) Approach, Method, Technique: Making Distinctions and Creating Connections. *Human Systems: Journal of Systemic Consultation and Management* Vol. 3.1, pp 3-26
- Burnham, J. (2001) *Questions, Questions, Questions*. Workshop in Harrogate for Systemic Therapy Interest Group in Yorkshire. 30.3.01.
- Cecchin, G. Lane, G. & Ray, W.L. (1992) *Irreverence: A strategy for therapists' survival*. London. Karnac Books.
- Foucault, M. (1980 edition)) *Power/Knowledge: Selected Interviews and Other Writings*. New York: Pantheon,
- M. Foucault (1980 edition)) *Subjugated Knowledge*
- Frith, U. (Ed.) (1991) *Autism & Asperger Syndrome*. Cambridge: Cambridge University Press.

- Gergen, K. (2001) *Social Construction in Context*. Sage. London.
- Gillberg, C. (1989) Asperger's Syndrome in 27 Swedish Children. *Developmental Medicine and Child Neurology*. 31, 520 - 531.
- Gillberg, C. (1991) Clinical and neurobiological aspects of Asperger Syndrome in six family studies. In U. Frith (ed.) *Autism and Asperger Syndrome*. Cambridge University Press.
- Gillberg, C & Coleman M (2000) *The Biology of the Autistic Syndromes*, Third Edition. Cambridge University Press
- Gillberg, C (2002) *A Guide to Asperger Syndrome*. Cambridge University Press
- Happé, F. (1994) *Autism*. London. UCL Press.
- Hoffman, L.(1985) Beyond Power and Control: Toward a "Second Order" Family Systems Therapy. *Family Systems Medicine*. Vol. 3.4 Winter: 381-96
- Kanner, L. (1943) Autistic disturbances of affective contact. *Nervous Child* 2 p217-50
- Lather, P. ( 1991) *Getting Smart*. New York: Routledge.
- Leppington, R. (1991) From Constructivism to Social Constructionism and Doing Critical Therapy. *Human Systems: Journal of Systemic Consultation and Management*. 2: 79-104
- Mash, E. J. (1989) Treatment of child and family disturbances: a behavioral-systems perspective. In E. J. Mash and R. A. Barkley. *Treatment of Childhood Disorder*. pp 3-36. New York: Guilford Press.
- Maturana, H. (1991) Science and Daily Life: the Ontology of Scientific Explanations. In *Research and Reflexivity*. Ed. Steier, F. London: Sage.
- Maurice, C. (2000) Science in Autism Treatment in *Science in Autism Treatment Newsletter*. Spring 2000. Portland.
- Pearce, W.B. (1992) A Campers' Guide to Constructionisms. *Human Systems: Journal of Systemic Consultation and Management*. 3 Issues 3-4. p139-162.
- Pokémon Official Web Site* – [www.pokémon.com](http://www.pokémon.com)
- Randall, P. & Parker, J. (1999) *Supporting the families of children with autism*. Wiley, Chichester.
- Rhode, M. & Klauber, T. (2004) *The Many Faces of Asperger Syndrome*. London: Karnac.
- Shotter, J. (1989) Social Accountability and the Social Construction of "You". *Texts of Identity*. Eds. Shotter, J. & Gergen, K. London: Sage.
- Shotter, J. (1993) *Conversational realities: constructing life through language*. London: Sage.
- Tustin, F. (1972) *Autism and Childhood Psychosis*. London: Hogarth
- Tustin, F. (1981 edition) Psychotherapy with psychotic children. In *The Child Psychotherapist and the problems of young people*. Eds. Daws, D. and Boston, M. pp 232-250. London: Wildwood House.
- Volkmar, F. (1999) Transcript of Discussion of Asperger's Syndrome N.Y. *Times Online* April 6, 1999. <http://info.med.yale.edu/chldstdy/autism/page60.html>
- Wing, L. (1981) Asperger's Syndrome: A Clinical Account. *Psychological Medicine*, 11, 115-129
- Wing, L. (1996) *The Autistic Spectrum: A Guide for parents and professionals*. London: Constable.

**Notes**

1. I have found it useful to combine aspects of Burnham's diagrammatic description of Approach - Method -Technique (Burnham 1992) with Leppington's diagrammatic description of ethical and reflexive therapy (Leppington 1991).
2. All names are pseudonyms.
3. "Pokémon is the general name given to the many creatures found in the Pokémon universe. There are 250 different types of Pokémon, and each type has a unique name (Pikachu, Charmander, etc.). These Pokémon are the stars of video games for Game Boy Color and Nintendo 64, trading card games and cartoons." Description taken from the website [www.pokemon.com](http://www.pokemon.com)
4. An attack is a particular ability or power. Pokémon characters have attacks unique to them.
5. Somewhere in the background to this landscape of diagnosis, lies the psychiatric or psychological question of whether the child fits the criteria for a diagnosis of Asperger Syndrome. Within diagnostic culture the choice of explanations is restricted to i) the correct or false diagnosis, ii) the creation of a spectrum on which one can place an individual to indicate that they show some features of a diagnosis. The parents have been told and agree that the diagnosis given to their child means that *he* is "fine line" – alternatively one could say that Michael's abilities and behaviours do not fully confirm the validity of the diagnostic criteria.